

PROJECT 10073 RECORD

1. DATE - TIME GROUP	2. LOCATION
4 January 1969 04/1915	Cupertino, California
3. SOURCE	10. CONCLUSION
Civilian	Probable (AIRCRAFT)
4. NUMBER OF OBJECTS	5. LENGTH OF OBSERVATION
See summary	1 Minutes
6. TYPE OF OBSERVATION	11. BRIEF SUMMARY AND ANALYSIS
Ground-Visual	Observer sighted a moving white light that changed to green and then to red and then back to white.
7. COURSE	
N to NE	
8. PHOTOS	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

FORM
FTD SEP 63 0-329 (TDE) Previous editions of this form may be used.

*No [redacted] in file. Apparently local Air Base
given from to him.*

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-R258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 4 MONTH January YEAR 1969

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 7 MINUTES 15 A.M. P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 7 MINUTES 16 A.M. P.M.

4. TIME/ZONE

DAYLIGHT SAVINGS STANDARD

EASTERN

CENTRAL

MOUNTAIN

PACIFIC

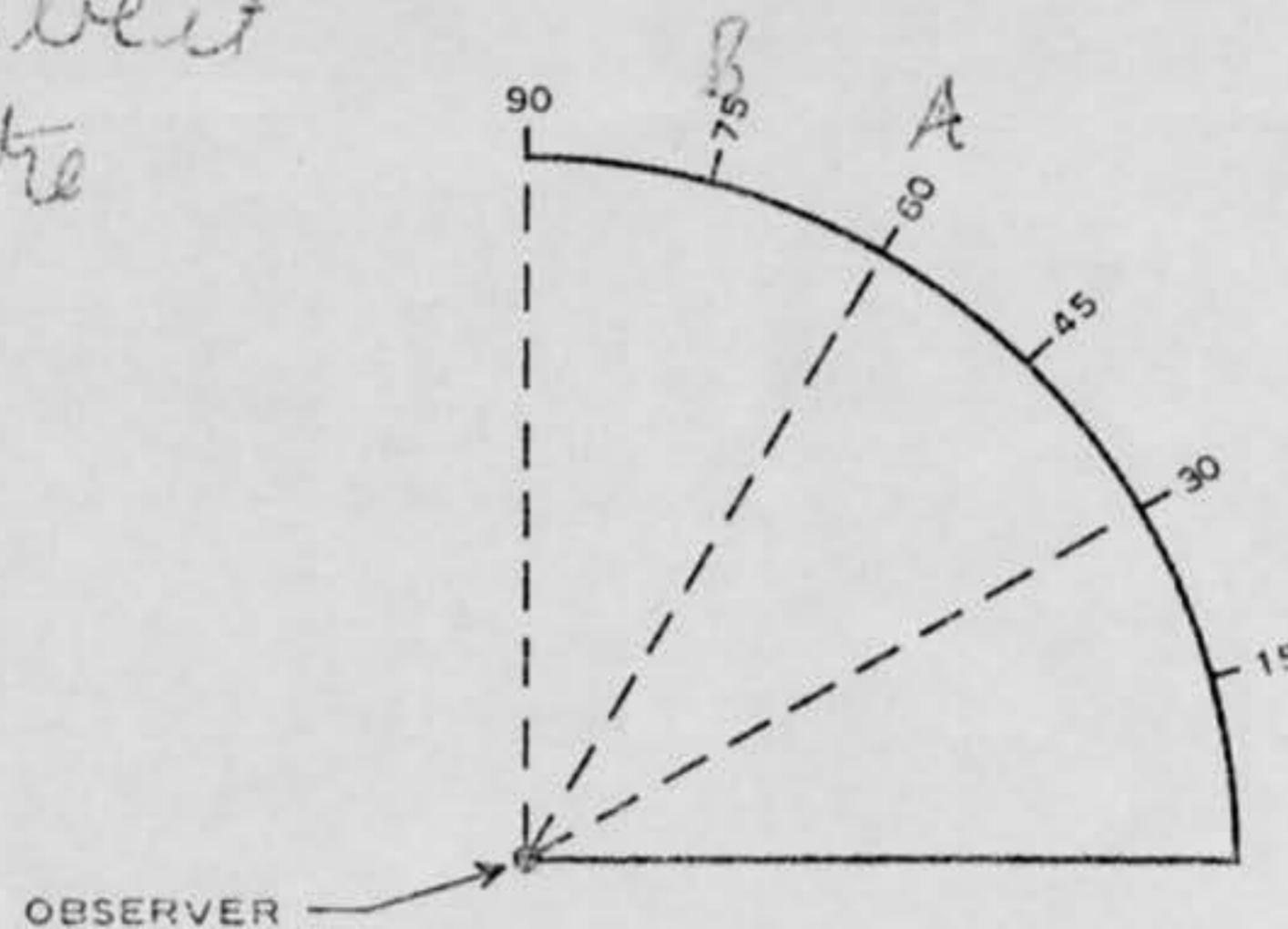
OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

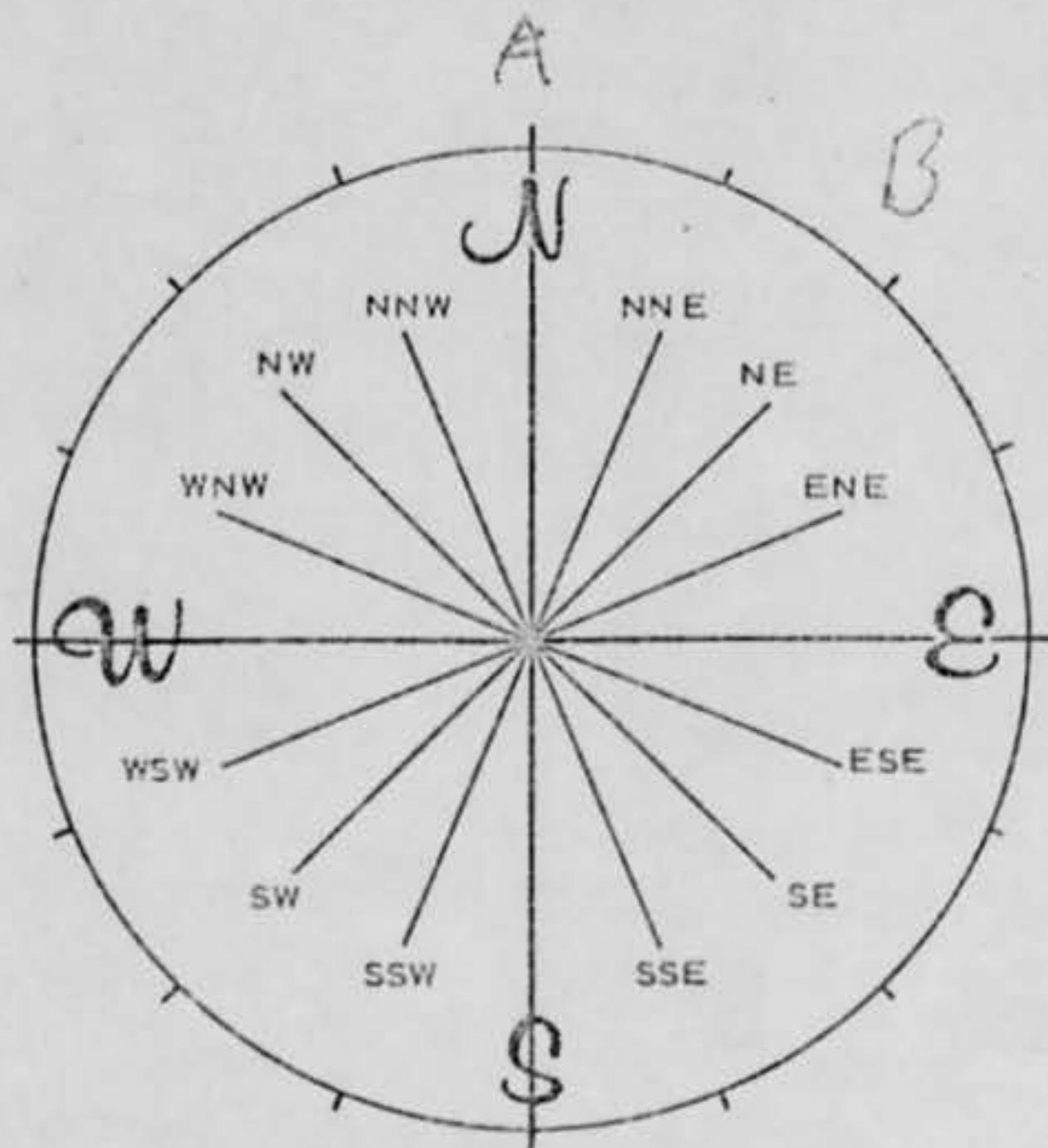
*I was at my house on the second story
looking out of a window.*

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

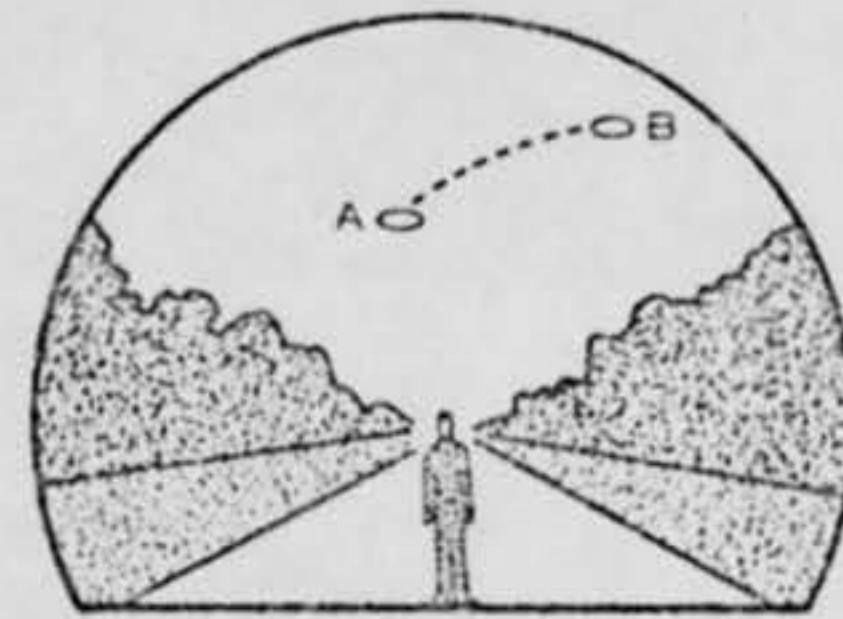
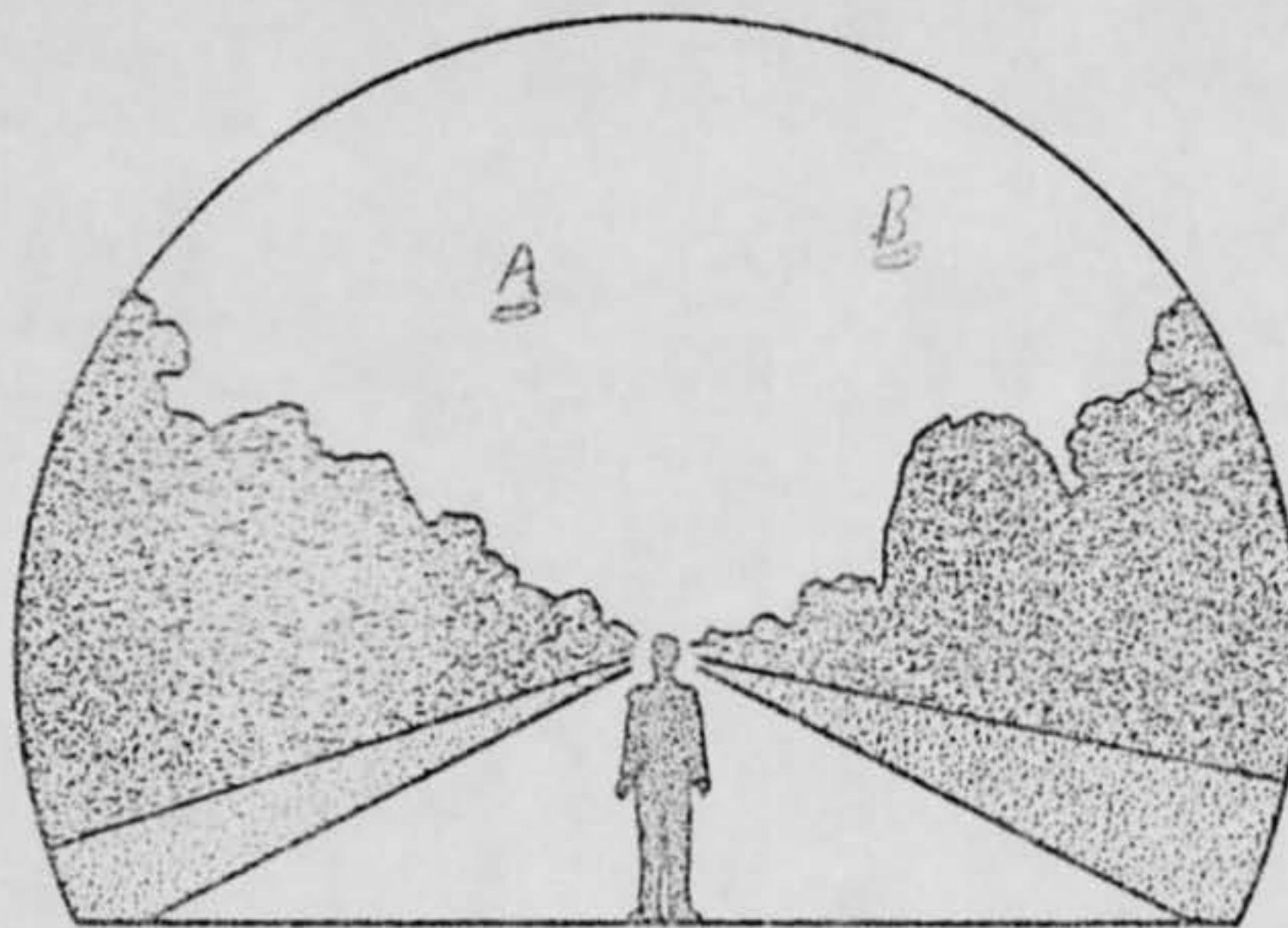
*This would be it
if I was on the
ground.*



6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



8.

WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)

OUTDOORS			IN BUSINESS SECTION OF CITY
IN BUILDING			<input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY
IN CAR	<input type="checkbox"/> AS DRIVER	<input type="checkbox"/> AS PASSENGER	IN OPEN COUNTRYSIDE
IN BOAT			NEAR AIRFIELD
IN AIRPLANE	<input type="checkbox"/> AS PILOT	<input type="checkbox"/> AS PASSENGER	FLYING OVER CITY
OTHER			FLYING OVER OPEN COUNTRY
			OTHER

A.

IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:

WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?
NORTH		EAST
SOUTH		WEST
NORTHEAST		SOUTHEAST
NORTHWEST		SOUTHWEST

EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.

DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVESED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.

HOW MUCH OTHER TRAFFIC WAS THERE?

DID YOU NOTICE ANY AIRPLANES? YES NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.

9. HOW LONG WAS THE PHENOMENON IN SIGHT?

LENGTH OF TIME	CERTAIN OF TIME	NOT VERY SURE
approx 1 minute	<input checked="" type="checkbox"/> FAIRLY CERTAIN	JUST A GUESS

HOW WAS TIME DETERMINED? *when it was gone & looked out of the window
and was lower the path it took and time of*WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? YES NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

11.

CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER	
DAY		CUMULUS CLOUDS (<i>Low fluffy</i>)	FOG OR MIST
TWILIGHT		CIRRUS CLOUDS (<i>High fleecy or Herring-bone</i>)	HEAVY RAIN
NIGHT <input checked="" type="checkbox"/>	X	NIMBUS CLOUDS (<i>Rain</i>)	LIGHT RAIN OR DRIZZLE
CLEAR <input checked="" type="checkbox"/>			HAIL
PARTLY CLOUDY		CUMULONIMBUS CLOUDS (<i>Thunderstorms</i>)	SNOW OR SLEET
COMPLETELY OVERCAST		HAZE OR SMOG	UNKNOWN
			NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1)	STARS	(2)	MOON
	NONE	BRIGHT MOONLIGHT	<input checked="" type="checkbox"/> NO MOONLIGHT
<input checked="" type="checkbox"/>	A FEW	MOON WITH HALO	UNKNOWN
	MANY	MOON HIDDEN BY CLOUDS	
	UNKNOWN	PARTIAL (<i>New or quarter</i>)	

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? YES NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

IN FRONT OF YOU	TO YOUR RIGHT	OVERHEAD (<i>Near noon</i>)
IN BACK OF YOU	TO YOUR LEFT	UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.
The planet Venus was bright. The distance was on 20 feet surface.

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

13. DID THE PHENOMENON	YES	NO	UNKNOWN
MOVE IN A STRAIGHT LINE?	X		
STAND STILL AT ANYTIME?		X	
SUDDENLY SPEED UP AND RUN AWAY?		X	
BREAK UP IN PARTS AND EXPLODE?		X	
CHANGE COLOR?	X		
GIVE OFF SMOKE?		X	
CHANGE BRIGHTNESS?	X		
CHANGE SHAPE?		X	
FLASH OR FLICKER?	X		
DISAPPEAR AND REAPPEAR?		X	
SPIN LIKE A TOP?		X	
MAKE A NOISE?		X	
FLUTTER OR WOBBLE?		X	

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

I was looking at the sky when I noticed something and it moved so fast and in a straight line.

A. HOW DID IT FINALLY DISAPPEAR?

I moved away from it. I turned and when it was gone.

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?
 YES NO. IF "YES," DESCRIBE.

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.

It was fast and high.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

all of it.

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

<input checked="" type="checkbox"/> EYEGLASSES	CAMERA VIEWER
<input type="checkbox"/> SUNGLASSES	BINOCULARS
<input type="checkbox"/> WINDSHIELD	TELESCOPE
<input type="checkbox"/> SIDE WINDOW OF VEHICLE	THEODOLITE
<input checked="" type="checkbox"/> WINDOWPANE	OTHER
A. DO YOU ORDINARILY WEAR GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>21 mph</u>	19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>10 miles</u>

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

a satellite or star moving very
at about 10 miles above the earth

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? YES NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. YES NO.
IF "YES," DESCRIBE.

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? YES NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? YES NO. IF "YES," DID THEY SEE IT TOO? YES NO.

A. LIST THEIR NAMES AND ADDRESSES

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip)

TELEPHONE (Area Code)

AGE

MALE

FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

Captain, Calif.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME John B. Lewis DAY 5 MONTH January YEAR 1969

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 10 MONTH January YEAR 1969